

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008726	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/03/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SOUTH LAWN SHELTERED CARE

**512 SOUTH FRANKLIN
BUNKER HILL, IL 62014**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure Survey Statement of Licensure violations	S 000		
S9999	Final Observations Section 330.715 Request for Resident Criminal History Record Information a) A facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act.) This Requirement is not met as evidenced by: Based on record review and interview, the facility failed to complete criminal background checks within 24 hours after admission for 2 of 6 residents (R7 and R13) reviewed for admission screening in the sample of 13. Findings include: 1. R7 was admitted to the facility on 5/23/2015. R7's background check was completed by the facility on 6/2/2015. R7's background check dated 6/2/2015 documents (R7) is an identified offender. 2. R13 was admitted to the facility on 12/13/2011.	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>R13's background check was completed by the facility on 3/26/2016. R13's background check dated 3/26/2016 documents (R13) is an identified offender.</p> <p>On 6/2/16 at 9:30 AM E1, Administrator, stated "I know there's a couple (of background checks) that weren't done on time, they found it in an audit."</p> <p>(AW)</p> <p>Section 330.720 Admission and Discharge Policies</p> <p>e) No person shall be admitted to or kept in the facility:</p> <p>1) Who is at risk because the person is reasonably expected to self-inflict serious physical harm or to inflict serious physical harm on another person in the near future, as determined by professional evaluation;</p> <p>2) Who is destructive of property and that destruction jeopardizes the safety of her/himself or others;</p> <p>3) Who has serious mental or emotional problems based on medical diagnosis;</p> <p>This requirement is Not Met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure the facility does not admit residents with a Serious Mental Illness (SMI) or emotional problems based on medical diagnosis for 3 of 3 residents (R2, R4 and R5) reviewed with SMI in the sample of 13.</p> <p>Findings include:</p> <p>1. The Physician's Order Sheet (POS), dated</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>05/27/16, documented R2's diagnoses, in part as, Mood Disorder with Depressive symptoms, Alcohol Abuse and Anxiety.</p> <p>Hospital records, dated 05/23/16-05/27/16, documented R2 was admitted and treated for suicidal ideations with two separate attempts since February, 2016 and depression. The POS documented R2 has community access and was not on any type of behavioral monitoring or suicide precautions. There was no documentation indicating the facility was monitoring R2 for behavior or suicidal ideation.</p> <p>2. The POS, dated 05/01/16, documented R4 had the following diagnoses, in part as, Psychosis, Depression and history of Aggressive Behavior. The POS, dated 04/12/16, documented R4 was prescribed an antipsychotic, Seroquel 25 milligrams (mg) daily. There was no documentation indicating the facility was monitoring R4 for behaviors.</p> <p>On 06/02/16 at 8:30 AM, E2, Licensed Practical Nurse (LPN) stated that the facility does not do any type of behavior monitoring.</p> <p>3. The Admission Record documents R5 is a 46 year old male was admitted to the facility on 2/28/14 with diagnoses of Anxiety Disorder. The POS documents R5 receives Ativan 1mg TID (Three times daily), Haldol 5mg QID (4 times/day), and Seroquel 300mg at bedtime. There is no documentation as to why he received this information other than anxiety.</p> <p>Nurse Notes dated 1/11/16 documents R5 was involved in an altercation in the dining room that included three other residents.</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>E2, LPN, stated on 6/1/16 at 10:45 AM that R5 is interviewable and has emotional problems of anxiety. E2 stated he just gets angry at times and yells/calls staff names. E2 stated he has more problems with 2nd and 3rd shift staff than he does with day shift. E2 couldn't say how often this occurred and had no documentation on it.</p> <p>On 6/2/16 at 3:00 PM, R5 entered the room and was pleasant asking questions about the survey process. When asked if he liked living at the facility, R5 stated he hated the facility wanted to move. When asked about plans, he emphatically stated "My Guardian is working on it" and when asked if any help could be provided, turned angry, stated again, "My Guardian is taking care of this!"</p> <p>E1 Administrator on 6/1/16 at 3pm, asked "What does serious mental illness mean and how do you know if someone has a serious mental illness." (B)</p> <p>Section 330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs</p> <p>a) A resident shall not be given unnecessary drugs in accordance with Section 330.Appendix E. In addition, an unnecessary drug is any drug used:</p> <p>2) for excessive duration;</p> <p>3) without adequate monitoring;</p> <p>4) without adequate indications for its use;</p> <p>c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions in</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>according with Section 330.Appendix E. d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, in an effort to discontinue these drugs in accordance with Section 330.Appendix E unless clinically contraindicated.</p> <p>This Requirement is not met as evidenced by:</p> <p>Based on interview, observation and record review, the facility failed to ensure antipsychotic medications were not used for excessive duration, had adequate monitoring or indications for use and have gradual dose reductions if appropriate for 2 of 5 residents (R1 and R3) reviewed for antipsychotic medications in a sample of 13.</p> <p>Findings include:</p> <p>1. The Admission Sheet identifies R3 to have been admitted with diagnoses of Schizophrenia Affective Disorder and Dysphagia in part. The May 2016 Physician's Order Sheet (POS) documents R3 to currently receive Seroquel 100 milligrams (mg) every HS (bedtime), Risperdal 2mg every HS and 0.5mg BID (twice daily.)</p> <p>R3's Care Plan dated 5/22/16 identifies concerns of random spells of screaming and yelling, cussing and crying. The Goal is to have no behaviors weekly with interventions being: find things she likes to do that will calm her down, ask often is needs are being met, continue medication as ordered by physician, and notified medical doctor of increase in behaviors or new behaviors for possible medication changes.</p> <p>On 6/1/16 and 6/2/16, R3 wandered about the facility throughout the day and/or was observed</p>	S9999			

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S9999	<p>Continued From page 5</p> <p>sitting at a dining room table with crayons and paper. R3 was noted to be directed to the toilet on 6/2/16 at 10:15 AM without any resistance and/or behaviors noted by E6, Resident Care Assistant. E6 stated she has taken care of R3 for a long time and notes only occasional outbursts of yelling/screaming where she stomps her feet and cries. E6 states when the behavior occurs, which is less often than monthly, R3 will say "sometime I just want to cry." E6 stated R3's behaviors are not harmful to R3 or others.</p> <p>On 6/2/16 at 8:30 AM, E2 Licensed Practical Nurse stated R3 is not interviewable and has a guardian for decision making. E2 stated the facility does not do behavior monitoring and was unable to provide any documentation or comprehensive assessment of R3's behaviors to determine how often they occurred and to what severity and if anything precipitates the behaviors. E2 states she has tried to get AIMS tests completed along with care plans since she's been here and has about 6-7 more residents to go. E2 stated she has been working at the facility for about 6 weeks and have not seen any behaviors from R3 nor has she been told of any during that timeframe.</p> <p>Nurse Notes (NN) reviewed from 7/13/15 to 6/2/16 fail to document any behaviors as occurring. The NN document quarterly visits from the Psychiatrist, Z1, with no new orders documents for the past year.</p> <p>The POS documents R3's Seroquel order was dated 1/27/15, and Risperdal 8/2/15 with no changes documented since.</p> <p>On 6/2/16 at 3:34 PM, Z2, Consulting Pharmacists, stated he has been consulting at</p>	S9999			

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S9999	<p>Continued From page 6</p> <p>the facility for 17 years and has never made any Antipsychotic drug reductions because "they are all their own guardians and can make a decision themselves to take the medications or not." Z2 stated he visits the facility every month and has made no recommendations that he can remember. Z2 stated he has always referred to the Psychiatrist for the drug reductions. Z2 stated it's "never been mandated that he make drug reduction recommendations" and that he is not real familiar with the shelter regulations but could pull them up in a second.</p> <p>On 6/2/16 at 10:00 AM, E1 Administrator stated the facility does not have a policy on Antipsychotic use.</p> <p>2. R1's Admission Order dated 3/4/2002, documents in part, "medication: Seroquel 200 mg (milligrams)" and her POS dated 5/2016 also documents R1 as receiving, "Seroquel 200 mg (milligrams) 1 tablet daily by mouth at 8 PM". The POS also documents that R1 receives Tegretol 100mg BID (twice daily.) The Admission Sheet documents R1's diagnosis as Psychosis and Depression.</p> <p>On 6/1/16 at 1:20 PM, R1 stated, "My dose of Seroquel has stayed the same since I have been here. I might not need it. The doctor keeps asking me why I'm on the Tegretol but I don't have seizures I don't know why I'm on it but I wish they (the doctor and the nurse) would stop it. When I ask them (the doctor and the nurse) to stop or lower the dose they (the doctor and the nurse) just say it might be doing me some good and something else might happen if I didn't take it."</p> <p>On 6/2/16 at 9:30 AM, E2, LPN (Licensed</p>	S9999			

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S9999	<p>Continued From page 7</p> <p>Practical Nurse), stated, "I called (Z2, Pharmacist) from (pharmaceutical company) he said as long as they (the residents) have a true diagnosis, a diagnosis that warrants anti-psychotic medicine, we don't have to do dose reductions. We have never done that here. Our regulators are not like a nursing home. We are not required to do a gradual dose reduction. We have never done gradual dose reduction here. (Z2) comes here and goes through medication storage labeling reordering medication administration records for documentation, medication rooms for lighting, ventilation and security. (Z2) said if they are their own power of attorney they have a right to either refuse medication, have their medication increased or decreased. The psychiatrist sees the residents quarterly and asks them if the resident is stable or medication needs to be increased or decreased. If they get put on new psychotropic medication we do a psychotropic consent and the patient signs if alert or if they have a guardian signs it."</p> <p>On 6/2/16 at 10:20 AM, R1 stated "I don't know if I have behaviors. I don't think so."</p> <p>On 6/2/16 at 10:45 AM, E2, stated "I don't know of any behaviors (R1) has had. I have gone through her medical record and only found one mention in the last year."</p> <p>The Nurse's Note in R1's medical record dated 10/9/15 at 12:45 PM documents in part, "Resident has been bullying other residents lately. Resident denies accusations when asked. Demands to watch what she wants on TV when majority want to watch something else she throws yelling fit when she doesn't get her way. Cooperative with her care mostly." The Nurses notes fail to identify any other behaviors, including seizures in the</p>	S9999			

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S9999	<p>Continued From page 8</p> <p>past year. There is no comprehensive assessment documented which identifies R1's behaviors, severity, how often they occur and if any precipitates them.</p> <p>Z1, Psychiatrist note dated 2/29/16 documents R1 is on Seroquel and Tegretol for Psychosis, depression and Schizo-affective disorder with no drug changes recommended.</p> <p>According to the census sheet provided by E1 Administrator and drug list, the facility currently has 8 of 38 residents currently receiving Antipsychotic Medication or 21% of the total residents residing in the facility.</p> <p>(B) Section 330.1530e) Labeling and Storage of Medication: Biological or medications requiring refrigeration shall be kept in a separate, securely fastened and locked container in a refrigerator, or in a locked refrigerator.</p> <p>This Requirement is not met as evidenced by:</p> <p>Based on interview, observation and record review, the facility failed to store 4 boxes of Tubisol Injectable which requires refrigeration in a separate, securely fastened/locked container in a refrigerator. This has the potential to affect all 38 residents living in the facility.</p> <p>Findings include:</p> <p>1. On 6/1/16 at 9:36 AM, there were 5 boxes of Injectable Tubisol for Tuberculin tests stored in the butter section of the refrigerator in the kitchen. The refrigerator was not locked nor were the boxes in a secured separate container within the refrigerator.</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>On 6/1/16 at 9:36 AM, E3 Dietary Manager stated the staff does not bother the Tubisol and it's always been stored there as there is no other refrigerator to use.</p> <p>2. The Resident Census Sheet provided by the E1, Administrator on 6/1/16 documents the facility has 38 residents living in the facility.</p> <p>(AW) Section 330.2000 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700). (Source: Amended at 13 Ill. Reg. 6562, effective April 17, 1989)</p> <p>This requirement is not met as evidenced by:</p> <p>Based observation, interview, and record review the facility failed to store, prepare, distribute and serve food in a sanitary manner by storing chemicals and cat food near food for residents, storing containers of food directly on the floor, storing food for residents in freezer in non-food grade one time use containers, use of unpasteurized eggs for undercooked eggs, and did not train staff on checking sanitizer in chemical dish washing machine. This has the potential to affect all 38 residents in the facility.</p> <p>Findings include:</p> <p>1. On 6/1/16 at 9:36 AM, chemicals including caustic Lime Away was stored on open shelving directly behind multiple racks of bread, hamburger buns, and hot dog buns and next to paper products and food used to serve residents. At this same time, there was a bag of cat food</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>stored on the floor directly in front of food for residents including bags of brown sugar, white sugar, flour, and three cans of cat food on the same shelf as spices and food for residents, 2-5 gallon containers of oil to be used for residents food were stored directly on the floor.</p> <p>2. On 6/1/16 at 9:45 AM, in chest freezer in the kitchen 21 single use cottage cheese containers were used to store frozen left overs for future food for the residents.</p> <p>3. On 6/1/16 at 9:50 AM, only non pasteurized eggs were stored in the refrigerator in the kitchen.</p> <p>4. On 6/1/16 at 10:00 AM, E3, Dietary Manager, was unable to test the concentration of chemical sanitizer in the dish machine.</p> <p>On 6/1/16 at 9:36 AM, E3 stated, "The chemicals have always been stored in the food storage room. We have a stray cat that the residents like to feed so we got some cat food."</p> <p>On 6/1/16 at 9:50 AM, E3 stated "We only have unpasteurized eggs. We use them for scrambled eggs and fried eggs. The residents do not like hard cooked eggs they only like soft yolked and scrambled eggs. When they get fried eggs all the residents get fried eggs."</p> <p>On 6/1/16 at 10:00 AM, E3 stated "The company checks the sanitizer every month. I have no idea how to check the sanitizer (in the dish machine). No one ever told me how to test it."</p> <p>On 6/1/16 at 3:00 PM, E1, Administrator, stated "We have no policy on food storage or food sanitation".</p>	S9999		

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S9999	Continued From page 11 The Resident Census Sheet provided by E1 Administrator on 6/1/16, documents that the facility has 38 residents living in the facility. (B)	S9999			